

**Dr. Stewart**  
**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-023937**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 128  
**FILED JUN 24 1963**

Primary Registration District No. 2000

Registrar's No. 1008

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>GREENE</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>GREENE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		d. STREET ADDRESS <b>1040 CHERRY</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <b>OMER C. JACKSON</b>		Month Day Year <b>JUNE 14 1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/29/82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SCHOOL SYSTEM</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>&amp; FRISCO R.R.</b>	9. AGE (last birthday) <b>81</b>
11a. BIRTHPLACE (City and state or country) <b>MONITEAU CO. MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM H. JACKSON</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN BRIZENDINE</b>	
14. NAME OF HUSBAND OR WIFE <b>EFFIE JACKSON (DEC.)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	
16. INFORMANT <b>RAYMOND JACKSON, SPRINGFIELD, MO.</b>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>May 27, 1963</u> to <u>June 14, 1963</u> and last saw him alive on <u>June 14, 1963</u> Death occurred at <u>10:55</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wendell Stewart</u> (Degree or title) <b>M.D.</b>		22b. ADDRESS <u>219 Professional Bldg.</u> <b>Springfield 4 Mo.</b>	
22c. DATE SIGNED <u>June 15, 1963</u>		22d. LOCATION (City, town, or county) <b>SPRINGFIELD, MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/17/63</b>	23c. NAME OF CEMETERY OR CREMATOR <b>HAZELWOOD</b>	
24. FUNERAL DIRECTOR <b>H.H. LOHMEYER FUNERAL HOME</b> <b>SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-20-63</b>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Minton</u>		27. ADDRESS	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucian T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

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Revised 6-19-63